

## FEE TRANSMITTAL

Electronic Version v08

Stylesheet Version v08.0

| Title of Invention  | HIGH TEMPERATURE GAS SEALS |           |             |                 |             |           |             |                    |                   |     |      |  |   |                        |   |      |    |   |                           |  |      |     |     |  |  |  |  |
|---|----------------------------|-----------|-------------|-----------------|-------------|-----------|-------------|--------------------|-------------------|-----|------|--|---|------------------------|---|------|----|---|---------------------------|--|------|-----|-----|--|--|--|--|
| Application Number :  |                            |           |             |                 |             |           |             |                    |                   |     |      |  |   |                        |   |      |    |   |                           |  |      |     |     |  |  |  |  |
| Date :  |                            |           |             |                 |             |           |             |                    |                   |     |      |  |   |                        |   |      |    |   |                           |  |      |     |     |  |  |  |  |
| First Named Applicant:  | Jen-Jung FAN               |           |             |                 |             |           |             |                    |                   |     |      |  |   |                        |   |      |    |   |                           |  |      |     |     |  |  |  |  |
| Attorney Docket Number:   | 45283.95                   |           |             |                 |             |           |             |                    |                   |     |      |  |   |                        |   |      |    |   |                           |  |      |     |     |  |  |  |  |
| <b>TOTAL FEE AUTHORIZED \$ 515</b>  |                            |           |             |                 |             |           |             |                    |                   |     |      |  |   |                        |   |      |    |   |                           |  |      |     |     |  |  |  |  |
| Patent fees are subject to annual revisions on or about October 1st of each year.   |                            |           |             |                 |             |           |             |                    |                   |     |      |  |   |                        |   |      |    |   |                           |  |      |     |     |  |  |  |  |
| Filing as small entity  |                            |           |             |                 |             |           |             |                    |                   |     |      |  |   |                        |   |      |    |   |                           |  |      |     |     |  |  |  |  |
| BASIC FILING FEE  |                            |           |             |                 |             |           |             |                    |                   |     |      |  |   |                        |   |      |    |   |                           |  |      |     |     |  |  |  |  |
| <table border="1"><thead><tr><th>Fee Description</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Utility Filing Fee</td><td>2001</td><td>375</td><td>375</td></tr><tr><td colspan="4">Subtotal For Basic Filing Fees: \$ 375</td></tr></tbody></table>   |                            |           |             | Fee Description | Fee Code    | Amount \$ | Fee Paid \$ | Utility Filing Fee | 2001              | 375 | 375  | Subtotal For Basic Filing Fees: \$ 375 |   |                        |   |      |    |   |                           |  |      |     |     |  |  |  |  |
| Fee Description   | Fee Code                   | Amount \$ | Fee Paid \$ |                 |             |           |             |                    |                   |     |      |  |   |                        |   |      |    |   |                           |  |      |     |     |  |  |  |  |
| Utility Filing Fee  | 2001                       | 375       | 375         |                 |             |           |             |                    |                   |     |      |  |   |                        |   |      |    |   |                           |  |      |     |     |  |  |  |  |
| Subtotal For Basic Filing Fees: \$ 375  |                            |           |             |                 |             |           |             |                    |                   |     |      |  |   |                        |   |      |    |   |                           |  |      |     |     |  |  |  |  |
| EXTRA CLAIM FEES  |                            |           |             |                 |             |           |             |                    |                   |     |      |  |   |                        |   |      |    |   |                           |  |      |     |     |  |  |  |  |
| <table border="1"><thead><tr><th>Fee Description</th><th>Extra Claim</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Total Claims : 14</td><td>0</td><td>2202</td><td>9</td><td>0</td></tr><tr><td>Independent Claims : 3</td><td>0</td><td>2201</td><td>42</td><td>0</td></tr><tr><td>Multiple Dependent Claims</td><td></td><td>2203</td><td>140</td><td>140</td></tr><tr><td colspan="4">Subtotal For Extra Claims Fees: \$ 140</td></tr></tbody></table> |                            |           |             | Fee Description | Extra Claim | Fee Code  | Amount \$   | Fee Paid \$        | Total Claims : 14 | 0   | 2202 | 9                                      | 0 | Independent Claims : 3 | 0 | 2201 | 42 | 0 | Multiple Dependent Claims |  | 2203 | 140 | 140 | Subtotal For Extra Claims Fees: \$ 140 |  |  |  |
| Fee Description   | Extra Claim                | Fee Code  | Amount \$   | Fee Paid \$     |             |           |             |                    |                   |     |      |  |   |                        |   |      |    |   |                           |  |      |     |     |  |  |  |  |
| Total Claims : 14   | 0                          | 2202      | 9           | 0               |             |           |             |                    |                   |     |      |  |   |                        |   |      |    |   |                           |  |      |     |     |  |  |  |  |
| Independent Claims : 3  | 0                          | 2201      | 42          | 0               |             |           |             |                    |                   |     |      |  |   |                        |   |      |    |   |                           |  |      |     |     |  |  |  |  |
| Multiple Dependent Claims   |                            | 2203      | 140         | 140             |             |           |             |                    |                   |     |      |  |   |                        |   |      |    |   |                           |  |      |     |     |  |  |  |  |
| Subtotal For Extra Claims Fees: \$ 140  |                            |           |             |                 |             |           |             |                    |                   |     |      |  |   |                        |   |      |    |   |                           |  |      |     |     |  |  |  |  |
| <b>AUTHORIZED BILLING INFORMATION</b>   |                            |           |             |                 |             |           |             |                    |                   |     |      |  |   |                        |   |      |    |   |                           |  |      |     |     |  |  |  |  |
| <b>The commissioner is hereby authorized to charge indicated fees and credit any overpayments to:</b>   |                            |           |             |                 |             |           |             |                    |                   |     |      |  |   |                        |   |      |    |   |                           |  |      |     |     |  |  |  |  |
| Deposit account number:   | 022057                     |           |             |                 |             |           |             |                    |                   |     |      |  |   |                        |   |      |    |   |                           |  |      |     |     |  |  |  |  |
| Access Code   | *****                      |           |             |                 |             |           |             |                    |                   |     |      |  |   |                        |   |      |    |   |                           |  |      |     |     |  |  |  |  |
| Deposit name:   | Bennett Jones LLP          |           |             |                 |             |           |             |                    |                   |     |      |  |   |                        |   |      |    |   |                           |  |      |     |     |  |  |  |  |
| Deposit authorized name:  | Edward Yoo                 |           |             |                 |             |           |             |                    |                   |     |      |  |   |                        |   |      |    |   |                           |  |      |     |     |  |  |  |  |
| Signature:  | Edward Yoo                 |           |             |                 |             |           |             |                    |                   |     |      |  |   |                        |   |      |    |   |                           |  |      |     |     |  |  |  |  |
| Date (YYYYMMDD):  | 2003-07-23                 |           |             |                 |             |           |             |                    |                   |     |      |  |   |                        |   |      |    |   |                           |  |      |     |     |  |  |  |  |
| Charge Any Additional Fee Required Under 37 C.F.R. Sections 1.16 and 1.17.  |                            |           |             |                 |             |           |             |                    |                   |     |      |  |   |                        |   |      |    |   |                           |  |      |     |     |  |  |  |  |